UNITED STATES DISTRICT COURT

for the

Northern District of Ohio

DARIAN AYALA VELAZQUEZ, SPECIAL ADMINISTRATOR OF THE ESTATE OF JOAN AYALA DIAZ, DECEASED)))				
Plaintiff(s)					
v.	Civil Action No. 1:24-cv-879				
PHIL R. STAMMITTI, LORAIN COUNTY SHERIFF, et al.					
Defendant(s)))				
SUMMONS IN A CIVIL ACTION					
To: (Defendant's name and address) MERCY HEALTH – REGIONAL MEDICAL CENTER, LLC c/o Corporation Service Company 1160 Dublin Road, Suite 400 Columbus, OH 43215					
A lawsuit has been filed against you.					
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jeremy A. Tor Nicholas A. DiCello Spangenberg Shibley & Liber LLP 1001 Lakeside Ave. East, Suite 1700 Cleveland, OH 44114					
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.					
	SANDY OPACICH, CLERK OF COURT				
Date:					
	Signature of Clerk or Deputy Clerk				

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:24-cv-879

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	•	ne of individual and title, if any)			
vas re	ceived by me on (date)	· · · · · · · · · · · · · · · · · · ·			
	☐ I personally served	the summons on the individual a	t (place)		
			on (date)	; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name) , a person of suitable age and discretion who resides				
	on (date), and mailed a copy to the individual's last known address; or				
	☐ I served the summons on (name of individual) designated by law to accept service of process on behalf of (name of organization)				
		on (date)			
	☐ I returned the sumn	nons unexecuted because		; or	
	☐ Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	
	I declare under penalty of perjury that this information is true.				
ate:					
atc.			Server's signature		
			Printed name and title		
			Server's address		

Additional information regarding attempted service, etc: